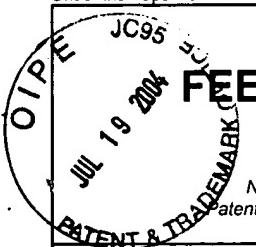


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**FEET TRANSMITTAL**

Note: Effective October 1, 2001.  
Patent fees are subject to annual revision.

**RECEIVED****TOTAL AMOUNT OF PAYMENT**

\$330

**Complete If Known**

Application Number	10/080,488
Filing Date	February 22, 2002
First Named Inventor	Henry Esmond Butterworth
Group Art Unit	2188
Examiner Name	Reginald Glenwood Bragdon

**Attorney Docket Number**

GB919990129US1

JUL 22 2004

**Technology Center 2100****METHOD OF PAYMENT (check one)**

1.  The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number: 09-0466Deposit Account Name: IBM CORPORATION

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17       Charge the Issue Fee In 37 CFR at the Mailing of the Notice of Allowance

2.  Payment Enclosed:

Check     Money Order     Other

**FEES CALCULATION****1. FILING FEE****Large Entity   Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
<b>SUBTOTAL (1)</b>					<b>\$ 0</b>

**2. CLAIMS**

Total Claims	-20 =	Extra	Fee from below	Fee Paid
			<input type="text" value="0"/>	<input type="text" value="0"/>
Ind. Claims	- 3 =		<input type="text" value="0"/>	<input type="text" value="0"/>
Multiple Dep. Claims			<input type="text" value="0"/>	<input type="text" value="0"/>

**Large Entity   Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim
1204	86	2204	43	Reissue independent claims over original patent
1205	18	2205	9	Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>				

0

\*Reduced by Basic Filing Fee

**SUBTOTAL (3)**

330

<b>SUBMITTED BY</b>				Complete (if applicable)	
Typed or Printed Name	David J. McKenzie			Reg. Number	46,919
Signature				Date	Jul 13, 2004
Deposit Account User ID					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.